

CED RESOLUTION - UPDATE

PROFILE OF THE DENTIST OF THE FUTURE - KEY DRIVING FORCES IN DENTISTRY

November 2023

I - INTRODUCTION

The Council of European Dentists (CED)¹ aims to promote high standards on oral healthcare and dentistry with effective patient-safety centred professional practice, and to contribute to safeguarding the protection of public health.

In the last decades, we have witnessed an immense progress in the prevention of caries in children, but damaged, missing or restored teeth are still the norm in Europe. Oral diseases remain amongst the most important health burdens. Moreover, people still fail to realise that oral health is an integral part of general health, and this impacts not only on quality of life, but also society and health systems through the associated economic costs.²

“Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex. Further attributes related to the definition state that oral health: is a fundamental component of health and physical and mental well-being; it exists along a continuum influenced by the values and attitudes of individuals and communities; reflects the physiological, social and psychological attributes that are essential to the quality of life; is influenced by the individual’s changing experiences, perceptions, expectations and ability to adapt to circumstances”.³

Many key drivers and new challenges are shaping today’s dentistry and will continue to influence the skills and competences of the dentist in the future. This resolution outlines the key driving forces and aims at ensuring that the profession continues to meet the oral healthcare needs of the population in Europe both now and in the future.

The guiding principle of the CED regarding the future of dentistry is that every European should have access to high-quality oral healthcare, and it must be provided by well-trained, skilled and fully competent dentists, using the latest and most appropriate technology in an evidence-based approach.

The Directive on the Recognition of Professional Qualifications (“the Directive”)⁴ lays down minimum training requirements for dentistry, requiring at least five years and 5000 hours of full-time theoretical and practical training. The Directive also sets out a procedure via delegated acts for updating these dental training requirements, in order to take account of scientific and technical progress. In addition, continuous professional development⁵ should be encouraged by Member States.⁶

¹ The CED is a European not-for-profit association representing over 340,000 dental practitioners across Europe through 33 national dental associations and chambers in 31 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession. The CED is registered in the Transparency Register with the ID number 4885579968-84.

² The State of Oral Health in Europe Report, Dr Reena Patel, September 2012, <http://www.oralhealthplatform.eu/our-work/the-state-of-oral-health-in-europe/> and Executive Summary, <http://www.oralhealthplatform.eu/our-work/the-state-of-oral-health-in-europe/>

³ FDI: FDI’s definition of oral health – What is oral health?, Retrieved from <http://www.fdiworldental.org/oral-health/vision-2020/fdis-definition-of-oral-health.aspx>

⁴ [Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications](#) as amended by Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System (‘the IMI Regulation’).

⁵ CED Resolution on Continuing Professional Development of Dentist in the European Union, May 2013, <http://www.eudental.eu/component/attachments/attachments.html?id=2338>

⁶ Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU, 9 Jan. 2015, http://ec.europa.eu/health/workforce/key_documents/continuous_professional_development/index_en.htm

II - KEY DRIVING FORCES IN DENTISTRY, ORAL HEALTH AND EUROPEAN HEALTH

Dentistry and oral health care face new challenges and must focus on the most important key driving forces. It is now accepted that oral health is an important part of general health and that there are common risk factors with the major chronic non/communicable diseases. This is a reality that dentists must acknowledge together with the changing burden of oral disease, which poses important challenges when managing an ageing population and patients from different social environments.

To react to such challenges and be able to propose treatment plans that fit the oral health needs of patients as well as aesthetic demands, dentists need to be aware of new trends in science, research and technology together with eHealth, while keeping in mind ethics and patient safety. Management skills and interprofessional collaboration are also very important tools that dentists must have in order to face the future.

III - THE PROFILE OF THE FUTURE DENTIST

The profile of the future dentist is constantly evolving and the expected competences and skills need to be updated and new ones created. In order to deal with the challenges of new developments in dentistry and changes in oral health needs, the basic education and training of the future dentist must be updated and enhanced with additional competences and skills, namely as:

Dental expert

- a) Knowledge of and training in diagnosing and treatment planning in a broader medical context. The scope of the dentist's practice should not be exclusively focused on the teeth and supporting structures but shall be extended to cover the oral health needs of patients in a holistic approach.
- b) Knowledge on evaluation and treatment of oral diseases such as oral mucosal lesions, oro-facial trauma, infection, pain, manifestations of systemic disease, genetic and congenital diseases.
- c) Knowledge of internal medicine. This has become imperative for dentists in providing integrated care for medically compromised patients and people who are presenting with increasingly complex health conditions and medication regimes, in addition to their cumulative dental problems. Dentists must be competent in identifying and managing such oral and medical problems, and collaborate efficiently with other health professionals.
- d) Knowledge of and training in treatment planning. Dentists must be aware that evolution and knowledge leads to new treatment options with different types of intervention. The treatment of patient should be based on scientific evidence and clear medical indications.
- e) Knowledge of and training in aesthetic oral rehabilitation as allowed by EU Directives meeting patient needs and expectations, using the most up-to-date tools and techniques, but not neglecting the treatment of the disease, treatment complications and patient safety.
- f) Knowledge and training of emerging digital health solutions like telemedicine, eHealth, Mobile Health, augmented reality and artificial intelligence in order to use them efficiently, safely and ethically, with the interests of the patient at the core.

Communicator

- g) Knowledge of Languages: These are key instruments for the dentist to deal with the variety of cultural ideas and beliefs on disease occurrence and management of multinational patients, their relatives, colleagues and other health professionals involved in the provision of health care.
- h) Knowledge of Communication: Communication skills are extremely important to ensure that the dentist is able to explain the various treatment options and obtain a fully informed consent for the chosen treatment plan. A relationship of trust between the dentist and patient is essential in achieving informed consent. The need for obtaining consent must also be borne in mind when dealing with patients from a variety of social or cultural backgrounds.

Collaborator

- i) Knowledge of and training on interprofessional and intraprofessional collaboration. This is the main key to improvement of patients' health, as common risk factors and different conditions could interfere with good oral health and with the quality of the dentist's intervention. It is essential to work together with other health professionals to ensure the patients' needs are fully recognised, understood and taken into account in treatment planning.

Manager/administrator/organizer

- j) Knowledge of and training on interprofessional and practice management skills. Dentists must be trained and have the ability to apply organisational, managerial, financial, administrative and leadership skills.

Health advocate

- k) Knowledge of the principles of behavioural sciences at an early stage in the dental curriculum, complemented with introduction of basic medical sciences into clinical practice. This will equip dentists with strategies for patients' adherence to preventive measures and ease the understanding to intervene at common-risk factors for major chronic non-communicable diseases.⁷ There should be an increasing emphasis on prevention and health promotion as the cornerstone of good oral health, utilising the skills of all members of the dental team appropriately.

Scholar /researcher/teacher

- l) Knowledge of the use of scientific and technological advances along with e-technologies. The future dentist must be proactive in searching for new scientific and technological developments in order to offer more benefits to patients. Lifelong learning and continuing education are essential.

Professional

- m) Knowledge of the ethics and jurisprudence. Dentists working in a European legislative framework influencing dentistry and patients' rights, shall be knowledgeable and aware of the ethical principles and EU legislation applicable at a national and European Level.

⁷ Knowledge in behavioural sciences is for a different purpose than basic sciences and they are not integrated.

CONCLUSION

The development and health of the oro-facial region are directly connected with general health and well-being and are essential for the quality of life of all people. In order to meet the increasingly complex needs of society and particularly patients, the dentist of the future must contribute by reducing the burden of oral diseases, shifting the focus towards prevention and health promotion, maintaining and improving oral health throughout the patient's life, with the aim of preserving a functioning dentition as long as possible.

The ultimate objective of the future dentist is to be competent in managing traditional as well as new challenges in oral health, which result from the aforementioned trends and the dentist must be able to practise evidence-based, comprehensive dentistry independently, in group practice and in close collaboration with other health professionals, safeguarding ethics and patient safety. Also, the future dentist should be competent in management, economy, team building and human resources.

University training, including clinical training on patients, will provide the basis for a dental graduate to assess the dentist's own professional development needs throughout their practicing life and enable the dentist to prevent, diagnose and treat oral diseases. In addition, future dental education and practice is likely to include much greater emphasis on collaboration with our medical colleagues in order to understand and manage patients' complex health needs - this will result in the need for curriculum changes in the content and form of the dental training according to the Directive, as already proposed by CED.⁸

The CED is of the opinion that the basic knowledge and skills of tomorrow's dentists as acquired during basic dental training should represent the first stage in a lifelong learning and continuing education.

Unanimously adopted at the CED General Meeting in November 2023

⁸ CED Resolution on Annex V.3/5.3.1 of Directive 2005/36/EC, December 2016, [http://www.hkdm.hr/pic_news/files/CED-DOC-2016-064-FIN-E%20\(1\).pdf](http://www.hkdm.hr/pic_news/files/CED-DOC-2016-064-FIN-E%20(1).pdf)